Name in Full: Louisa Angleberger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Airy; County: Frederick

Date of death: Month: July; Day: 26; Year: 1907; Age: Years 83 Months Days

Sex: Female; Color or Race: White; Birthplace: France

Occupation: None; ~~Where Residing if not at place of death~~

Married, Single or Widowed: Widow; Name of Wife or Husband: Wm Angleberger, deed.

Father's Name: ——; Father's Birthplace: France

Mother's Maiden Name: ——; Mother's Birthplace: France

Name of person giving Information: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary: Senile Debility; How long: Six months

Immediate: Asthenia; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. T. Haffner, M. D.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Ezra Beachley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middletown — County: Frederick

Date of death 1907 — Month: July — Day: 13 — Age — Years: 75 — Months: 5 — Days: 19

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Retired Farmer — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Sarah E Beachley

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Beachley — Father's Birthplace: Md.

Mother's Maiden Name: Esther Shoemaker — Mother's Birthplace: Md.

Name of person giving Information: Sarah Beachley — How related to deceased: Wife

CAUSES OF DEATH (81)

PHYSICIAN OR CORONER

Primary: Arteriosclerosis — How long: Dont Know

Immediate: Rupture Incised Heart — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R V Hauver MD

Address: Middletown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Florida J. Bear

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Airy; County: Frederick

Date of death 1907: Month: July; Day: 22

Age: Years: 14; Months: ; Days: 10

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: None

Where Residing if not at place of death: At place of death

Married, Single or Widowed: Single

Name of Wife or Husband: X —

Father's Name: Christian Bear

Father's Birthplace: Pennsylvania

Mother's Maiden Name: Hannah M. Plain

Mother's Birthplace: Maryland.

Name of person giving Information: Mrs. Dr. Stully

How related to Deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Abcess of Liver with Tuberculosis

How long: about 12 weeks

Immediate: Exhaustion

How long: Rather Sudden

Are the name, age, sex, color, date and place correctly given above? YES

Signature of Physician: Sappington & Pearre

Address: Uniontown, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Catherine R. Bell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1907 — Month: 7 — Day: 7 — Age — Years: — Months: 11 — Days: 26

Sex: Female — Color or Race: White — Birthplace: F. Co Md

Occupation: — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Adam F. Bell — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Annie M. Rennert — Mother's Birthplace: F. Co "

Name of person giving Information: Mrs Bell — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

PHYSICIAN OR CORONER

Primary: Chorea Infantum — How long: 2 days

Immediate: Convulsions — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hodgen

Address: Frederick, Md

Accident or Suicide? —

LIBRARY BUREAU A99816

Name in Full: Charlotte A Biggs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Near Thurmont — County: Frederick

Date of death 1907 — Month: July — Day: 30 — Age: Years 78 — Months 7 — Days 27

Sex: Female — Color or Race: White — Birthplace: Penn

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Benj F. Biggs

Father's Name: David Chamberlain — Father's Birthplace: Penn

Mother's Maiden Name: Catherine Cookson — Mother's Birthplace: Penn

Name of person giving information: Benj F Biggs — How related to deceased: Husband.

CAUSES OF DEATH — 106

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 6 years

Immediate: Acute Gastro-Enteritis-Colitis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. C. Kefauver

Address: Thurmont. Md.

Accident or Suicide? No.

LIBRARY BUREAU A88410

Name in Full: Annie Elizabeth Blair

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month 7 — Day 17 — 1907

Age — Years 58 — Months 9 — Days 8

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: House Wife — Where Residing if not at place of death: Same

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Joseph W Blair

Father's Name: Conrad H Shafer — Father's Birthplace: Germany

Mother's Maiden Name: Mary E Adams — Mother's Birthplace: "

Name of person giving Information: Paul Schaefer — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH (41)

PHYSICIAN OR CORONER

Primary: Sarcomatous of Liver & Retro Peritoneal Glands — How long: 6 mos.

Immediate: Cardiac Paralysis — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hedges

Address: Frederick

Accident or Suicide? ——

LIBRARY BUREAU A88816

Name in Full: Cora Irnetta Baller

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Woodsboro County: Frederick

Date of death 1907 Month: July Day: 9

Age Years: 29 Months: — Days: 6

Sex: Female Color or Race: White Birthplace: Warfordsburg Pa.

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Husband: Clarence G. Baller

Father's Name: John J. Decker Father's Birthplace: In Pa.

Mother's Maiden Name: Fisher Mother's Birthplace: In Pa.

Name of person giving information: Clarence G. Baller How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

CAUSES OF DEATH

64

Primary: Cerebral Congestion - Complicated with Enteric Ulceration & Colliquative Diarrhoea How long: 8 days

Immediate: Partial Paralysis & General Exhaustion How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

So far as known

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Frederick Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Fredk

Date of death 1907: Month: 7; Day: 10; Age: Years: 30; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: Clerk; Where Residing if not at place of death: Washington D.C.

Married, Widowed or Single: —; Name of Wife or Husband: Unknown D.C.

Father's Name: Frederick A Bowers; Father's Birthplace: Md

Mother's Maiden Name: Unknown D.C.; Mother's Birthplace: Md.

Name of person giving information: Geo. W. Peters; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Chronic Interstitial Nephritis; How long: Dont Know

Immediate: Uremia; How long: Two weeks.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. B. Johnson

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Paul Worthy Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick County: Frederick

Date of death 1907: Month: July Day: 23

Age: Years: 5 Months: — Days: 14

Sex: Male Color or Race: white Birthplace: Brunswick

Occupation: none Where Residing if not at place of death: —

Married, Single or Widowed: single Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William N Bowers Father's Birthplace: W Va

Mother's Maiden Name: Mary E. Thompson Mother's Birthplace: W Va

Name of person giving information: W. N. Bowers How related to deceased: father

105

CAUSES OF DEATH

Primary: diarrhea How long: 2 weeks

Immediate: Cholera Infantum How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A G Boring

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A8016

Name in Full: Wm. B. Bowers.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: July; Day: 29; 1907

Age: Years: 11; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Frederick Co

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Bowers.

Father's Birthplace: Frederick Co

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: H. M. Shook (Nurse)

How related to deceased: None

69

CAUSES OF DEATH

Primary: Epileptic Convulsions.

How long: 3 days

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. L. Tyson,

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Louisa Virginia Brady

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick — County: Frederick

Date of death 1907: Month: July — Day: 1 — Age: Years: 44 — Months: 6 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death: — Brunswick

Married, Single or Widowed: Married — Name of Wife or Husband: Thomas Brady

Father's Name: William Strain — Father's Birthplace: Virginia

Mother's Maiden Name: Mary A Fay — Mother's Birthplace: "

Name of person giving information: Thomas Brady — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

45

PHYSICIAN OR CORONER

Primary: Cancer of Pancreas (probably) — How long: 4 mos + (?)

Immediate: Uraemia Convulsions — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. R. Crum

Address: Brunswick, Md.

Accident or Suicide?

LIBRARY BUREAU A83618

Name in Full: Henry C. V. Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hills Store; County: Frederick

Date of death: 1907; Month: July; Day: 16; Age: Years 83; Months 6; Days 5

Sex: Male; Color or Race: White; Birthplace: Cedar Springs Pa

Occupation: Retired; Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~; Name of Wife or ~~Husband~~: Elizabeth Jane Brown

Father's Name: James Brown; Father's Birthplace: Pennsylvania

Mother's Maiden Name: Sarah Hays; Mother's Birthplace: "

Name of person giving information: Emma M. Brown; How related to deceased: Daughter

CAUSES OF DEATH (40)

PHYSICIAN OR CORONER

Primary: Cancer of Stomach; How long: 8 Mos

Immediate: Asthenia; How long: 2 Mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Hayward

Address: 17 Record St W. Frederick Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Sarah Margret Carnes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Landes — County: Frederick

Date of death: 1904 — Month: 7 — Day: 30 — Years: Age 81 — Months: 2 — Days: 27

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Samuel L. Carnes

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Ida. V. Fawley — How related to deceased: Daughter

154

CAUSES OF DEATH

Primary: — How long:

Immediate: Old Age — How long: Few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. H. Boteler, Groom

Address: Jefferson Frederick Co Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A66816

Name in Full: Male Child Col't Not Named

CERTIFICATE OF DEATH

MARYLAND

Town: Brunswick. County: Frederick.

Died at

Date of death: 1907 Month: July Day: 23

Age: Years — Months: 2 Days

Sex: male Color or Race: White Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Herbert Carr Father's Birthplace:

Mother's Maiden Name: Lula. Baily Mother's Birthplace: W Va

Name of person giving In formation: Mrs Baily How related to deceased: Grand Mother

CAUSES OF DEATH

151

PHYSICIAN OR CORONER

Primary: Marasmus Inanition How long: 2 Mos

Immediate: No Physician in attendance How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Treat. Hemp Ph

Address: Brunswick. Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mabel E Cook

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 190 — Month: 7 — Day: 21 — Age — Years: 2 — Months: 7 — Days: X

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Millard Cook — Father's Birthplace: Md

Mother's Maiden Name: Carolyn ~~Cook~~ Frey — Mother's Birthplace: Md

Name of person giving information: " " " " — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus (179) — How long: 6 months

Immediate: Ex Lomboin — How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W A Long

Address: City

Accident or ~~Suicide~~?

LIBRARY BUREAU A68816

Name in Full — Cramer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Catoctin — County: Frederick

Date of death 1907 — Month: July — Day: 15 — Age: Years: — Months: — Days: 3 Hours

Sex: Female — Color or Race: White — Birthplace: Catoctin

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Geo. W. Cramer — Father's Birthplace: Frederick Co

Mother's Maiden Name: Marg. E. Zimmerman — Mother's Birthplace: Frederick Co

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

151

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: —

Immediate: Inanition — How long: 3 Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm M. Smith

Address: Frederick City.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Annie May Catherine Courtchley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fredericks — County: Frederick

Date of death 1907 — Month: 7 — Day: 30

Age — Years: — Months: 11 — Days: 6

Sex: Female — Color or Race: White — Birthplace: City

Occupation: — — — — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Courtchley — Father's Birthplace: F. Co Md

Mother's Maiden Name: Mary Blair — Mother's Birthplace: Frederick Md

Name of person giving information: Harry Courtchley — How related to deceased: Father

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 36 hrs

105

Immediate: Exhaustion — How long: 24 "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible] M D

Address: 73 E Church St

Accident or Suicide? —

LIBRARY BUREAU A98516

Name in Full: Infant Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pleasant Hill — County: Frederick

Date of death 1907: Month: 7 — Day: 21 — Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Infant — Name of Wife or Husband

Father's Name: Thomas M. Davis — Father's Birthplace: Md

Mother's Maiden Name: Maria C. Wachter — Mother's Birthplace: Md

Name of person giving information: Thomas M. Davis — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH (1571)

Primary: Prematurity — How long: 7½ mos

Immediate: Exhaustion — How long: at Birth

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank Hedges

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU ABB618

Name in Full: Samuel Nater Dr Grange

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: "

Date of death: Month 7 — Day 25 — Year 1907 — Age: Years 9 — Months — — Days 3

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Garrett A. Dr Grange — Father's Birthplace: Md

Mother's Maiden Name: Sallie M. McQuilkin — Mother's Birthplace: W. Va

Name of person giving information: Mrs Dr Grange — How related to deceased: Mother

CAUSES OF DEATH

63

Fell from hammock, striking upon shoulders and head.

Primary: Traumatic Myelitis — How long: 1 week

Immediate: Meningetis — Convulsions — How long: 1 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Goodman

Address: Frederick. Md

Patient fell from hammock several days before his illness.

Accident [illegible]? Accident.

LIBRARY BUREAU A88618

Name in Full: Catharine E Dorcabaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: Month: 9; Day: 17; 1907

Age: Years: 83; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Frederick Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Widowed

Name of Wife or Husband: Jacob W Dorcabaugh

Father's Name: Jacob Metzger

Father's Birthplace: Frederick Md

Mother's Maiden Name: Phoebe Metzger

Mother's Birthplace: " "

Name of person giving Information: Henry Dorcabaugh

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

90

PHYSICIAN OR CORONER

Primary: Senility

How long: 6 mos.

Immediate: Bronchitis Acute

How long: 7 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank Hedges

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Louis H. Fraley 847

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1907 — Month: July — Day: 28 — Age: Years / Months / Days

Sex: Male — Color or Race: White — Birthplace: Fredk., Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas. H. Fraley — Father's Birthplace: Md

Mother's Maiden Name: Sarah Davidson — Mother's Birthplace: Gettysburg Pa

Name of person giving information: Chas. H. Fraley — How related to deceased: Father

CAUSES OF DEATH

105

PHYSICIAN OR CORONER

Primary: Teething-Entero-Colitis-Meningitis — How long: One week

Immediate: convulsions — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. O. Hamilton

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU ASSETS

Name in Full: Maria Schneider

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mountain Hospital | County: Frederick

Date of death 190 7 | Month: July | Day: 6th | Years: 67 | Months | Days

Sex: Female | Color or Race: White | Birthplace: Frederick Co,

Occupation: Domestic | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband: Louis Schneider

Father's Name: Unknown | Father's Birthplace: Unknown

Mother's Maiden Name: Unknown | Mother's Birthplace: Unknown

Name of person giving Information: Hospital records | How related if deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

PHYSICIAN OR CORONER

Primary: Senile debility | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John Daniel Goins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: 1907 — Month: July — Day: 6 — Years: 43 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Butcher — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Clara Brown

Father's Name: Lawson Goins — Father's Birthplace: Md

Mother's Maiden Name: Leticia Norman — Mother's Birthplace: "

Name of person giving Information: Clara Goins — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Heart disease — Mitral Stenosis — How long: Indefinite

Immediate: Prolonged Hypopnea following Cardiac Paralysis — How long: 1 to 2 hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. W. G. Bowne

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Lizzie Jennings 845

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick Hospital; County: Frederick

Date of death 1907: Month: July; Day: 29; Age: Years: 15; Months: —; Days: —

Sex: Female; Color or Race: Black; Birthplace: Unknown

Occupation: Inmate; Where Residing if not at place of death:

Married, Single or Widowed: Unknown; Name of Wife or Husband: Unknown

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving information: Hospital records; How related to deceased:

179

CAUSES OF DEATH

Primary: Genital debility; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick, Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A3013

Name in Full: Hester E Gray

8426

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1907 — Month: 7 — Day: 29 — Age — Years: — Months: 5 — Days: 2

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Gray — Father's Birthplace: Md

Mother's Maiden Name: May Carroll — Mother's Birthplace: Md

Name of person giving information: May Carroll — How related to deceased: Mother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chlorosis Infantum — How long: 4 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Long

Address: City

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Langley Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick — MARYLAND

Date of death 1907 — Month: July — Day: 5 — Age: Years 16 — Months 5 — Days 19

Sex: Male — Color or Race: White — Birthplace: Ft. Co. Md

Occupation: none — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Andrew Haines — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Mary Miller — Mother's Birthplace: Ft. Co Md

Name of person giving Information: Andrew Haines — How related to deceased: Father

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammatory rheumatism & Valvular Heart Disease — How long: about a year

Immediate: Paralysis of heart — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. O. Hendrix, M.D.

Address: Frederick, Md.

Accident or Suicide? No

over

LIBRARY BUREAU ABBEIL

Interment July 7 – 07

" at Zion Cemetery

at Charlesville. Fla Co.

Thomas P. Rice.

Name in Full: Annie Horan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick County: Frederick.

Date of death: 1907 Month: July Day: 16

Age: Years: 1 Months: 8 Days:

Sex: Female

Color or Race: White

Birthplace: Pa

Occupation: Child

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: John L. Horan

Father's Birthplace:

Mother's Maiden Name: Nellie V. McDonald

Mother's Birthplace:

Name of person giving information: Jno. L. Horan

How related to deceased: Father

CAUSES OF DEATH

105

Primary: Acute Enteritis How long: 3 days

Immediate: Exhaustion How long: 6 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Lenn West

Address: Brunswick Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Unnamed Son of Trout Hull

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodsboro — County: Frederick

Date of death 1907 — Month: 7 — Day: 23 — Age: Years: 1/2 hour — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Woodsboro Md

Occupation: — Where Residing If not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Geo Hull — Father's Birthplace: Woodsboro Md

Mother's Maiden Name: Mamie Zimmerman — Mother's Birthplace: Mt Pleasant Md

Name of person giving Information: Brother — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

151

Primary: Premature — How long: —

Immediate: Heart Failure — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Kable

Address: Woodsboro, Md.

Accident or Suicide?

LIBRARY BUREAU A8J516

Name in Full: Emanuel, Son of Tom Hull

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro County: Frederick

Date of death 1907: Month: 4 Day: 13 Age: Years: 3 mos Months: Days:

Sex: Male Color or Race: White Birthplace: Woodsboro Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Geo Hull Father's Birthplace: Woodsboro Md

Mother's Maiden Name: Maria Cunningham Mother's Birthplace: Mt Pleasant "

Name of person giving Information: Mother How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

151

Primary: Pneumonia How long:

Immediate: Heart Failure How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W H Eader

Address: Woodsboro Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Catherine D. Hyatt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: Month: July; Day: 28; 1907

Age: Years: 71; Months: -; Days: -

Sex: Female

Color or Race: White

Birthplace: Montgomery, Co.

Occupation: House wife

Where Residing if not at place of death:

Married, Single, or Widowed:

Name of Wife or Husband:

Father's Name: Eli Wolfe

Father's Birthplace: Montgomery Co

Mother's Maiden Name: Caroline Hyatt

Mother's Birthplace:

Name of person giving information: Seiler

How related to deceased: Seiler

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Chronic Interstitial Nephritis — How long: 6 months

Immediate: Uremia — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm M. Smith

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A99516

Name in Full: Eliza Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burkettsville; County: Fredk

Date of death: 1907 July 24; Age: 79 Years 0 Months 7 Days

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: None; Where Residing if not at place of death:

~~Married~~, Single or Widowed; Name of Wife or Husband: James Johnson

Father's Name: George Johnson; Father's Birthplace:

Mother's Maiden Name: Annie Butcher; Mother's Birthplace: Md

Name of person giving Information: Hanson Evans; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Tuberculosis; How long: Dont Know

Immediate: Tuberculosis; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. V. Hauver M.D.

Address: Middletown Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8816

Name in Full: Florence V. Lee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel — County: Prince

Date of death 1907: Month: July — Day: 21 — Age: Years: — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: D.C.

Occupation: — — Where Residing If not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Lewis W. Lee — Father's Birthplace: Md

Mother's Maiden Name: Loretta S Kemp — Mother's Birthplace: D.C.

Name of person giving Information: Lewis W. Lee — How related to deceased: Father

105

CAUSES OF DEATH

Primary: Cholera Infantum — How long: Several Days

Immediate:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Poulson

Address: Buckingstown

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A38618

Name in Full: Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Near Wolfsville — County: Frederick

Date of death: 1907 — Month: July — Day: 19 — Age: Years — Months: 4 — Days: 2

Sex: Male — Color or Race: white — Birthplace: Md.

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Emory G. Lewis — Father's Birthplace: Md.

Mother's Maiden Name: Ida May Delawter — Mother's Birthplace: Md.

Name of person giving information: Wesley Linton — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ? — 105 — How long:

Immediate: Gastro-Enteritis — How long: 4 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Smith

Address: Wolfsville Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Lare Edw

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick Md — County: Frederick

Date of death: Month: 7 — Day: 22 — Year: 1907

Age: Years: 57 — Months: 6 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Frederick Co Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Wm Lare — Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Louisa Hull — Mother's Birthplace: " " "

Name of person giving Information: Mrs Victor Mullican — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Mitral Insuff & Dropsy — How long: (?)

Immediate: Cardiac Asthenia — How long: 6 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H P Fahrney MD

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88818

6. 6. Carly 75
24
M 6 Carly

Name in Full John H. Meads

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Frederick Hospital — County: Frederick

Date of death (1907): Month: July — Day: 26th — Years: Age 37 — Months — Days —

Sex: Male — Color or Race: Black — Birthplace: Bullitt Co, Ky

Occupation: Laborer (Tinner) — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Unknown

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving In formation: Hospital record — How related to deceased:

CAUSES OF DEATH

68

PHYSICIAN OR CORONER

Primary: Acute Mania — How long: 2 mo

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. L. Lyson, M.D.

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Austin Schriner Moberly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Fredk

Date of death: Month: 7; Day: 14; 1907

Age: Years: 10; Months: 5; Days: 11

Sex: Male

Color or Race: White

Birthplace: City

Occupation: —

Where Residing if not at place of death: Same

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Marion S. Moberly

Father's Birthplace: City

Mother's Maiden Name: Rena Reline

Mother's Birthplace: "

Name of person giving Information: Mrs Moberly

How related to deceased: Father

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Endocarditis

How long: 3 weeks

Immediate: Syncope

How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Shuck M.D.

Address: 132 Elhurst St Frederick

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full: Geo Moore.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 190 7: Month: July; Day: 28th; Age: Years: 55; Months: —; Days: —

Sex: Male; Color or Race: Black; Birthplace: Maryland Co,

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Unknown

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Information: Hospital records.; How related to deceased:

179

CAUSES OF DEATH

Primary: Gen debility following

How long:

Immediate: an acute attack of mania

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. L. Tyson.

Address: Frederick, Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A22916

Name in Full: Clifton H. Posey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salem County: Fred

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1907: Month: Jan Day: 28 Age: Years: — Months: 5 Days:

Sex: Male Color or Race: Negro Birthplace: Md.

Occupation: — Where Residing if not at place of death: Salem

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Clifton Posey Father's Birthplace: Md

Mother's Maiden Name: Eleanor Bohmaker Mother's Birthplace: Md

Name of person giving Information: William Butler How related to deceased: Uncle

CAUSES OF DEATH

Primary: Gastro enteritis How long: 1 Day

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Rouzer

Address: Buckeystown

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full: Emily Jane Ridout

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Linthicum — County: Anne Arundel

Date of death: Month: July — Day: 19 — Years: 72 — Months: — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Anne Arundel Co, Md

Occupation: Housewife — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of Wife or Husband: Joseph Ridout

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: — Waters — Mother's Birthplace: Unknown

Name of person giving information: Joseph Ridout — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Rheumatic Affection — How long: Years

Immediate: Heart lesion (?) — How long: Sudden

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Poulson

Address: Baltimore Town

Accident or Suicide? —

LIBRARY BUREAU A89618

Name in Full: Harriet S. Rippon

CERTIFICATE OF DEATH

MARYLAND

Died at Town: near Frederick County: Frederick

Date of death: Month 7 Day 22 1907 Age: Years 85 Months 7 Days 21

Sex: Female Color or Race: White Birthplace: Md

Occupation: none Where Residing if not at place of death:

~~Married, Single~~ or Widowed Name of ~~Wife or~~ Husband: John Rippon

Father's Name: Crist Father's Birthplace: Md

Mother's Maiden Name: not Known Mother's Birthplace: Md

Name of person giving Information: & Wm Neighbors How related to deceased: nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: senility How long:

Immediate: no information How long: being old

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Crawford Thom

Address: Frederick Md

Accident or Suicide? no

LIBRARY BUREAU A88816

Central Chapel
New London

July 24 1907

Ada Carley.

Name in Full: Emma N. Shoemaker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Harney — County: Frederick Co.

Date of death 1907 — Month: 7 — Day: 28 — Age: Years: 7 — Months: 6 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Frederick Co Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Shoemaker — Father's Birthplace: Md

Mother's Maiden Name: Emma Hanshan — Mother's Birthplace:

Name of person giving In formation: Wm. Shoemaker — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 12 or 13 Month

Immediate: Exhaustion — How long: 6 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. H. Deiss.

Address: Taneytown. Md.

Accident or Suicide?

LIBRARY BUREAU ADELE

Name in Full: Charles Joseph Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cutlerville — County: Frederick

Date of death: 1907 — Month: July — Day: 20 — Years: — — Months: 2 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Frederick Co

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Calvin C Smith — Father's Birthplace: Frederick Co

Mother's Maiden Name: Jennie V Britner — Mother's Birthplace: Frederick Co

Name of person giving In formation: Jennie V Smith — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

151

Primary: Marasmus — How long: 15 days

Immediate: Ex Lues Inv — How long: 1 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm B Stone

Address: Libertytown Md

Accident or Suicide?

LIBRARY BUREAU 833818

Name in Full: Mrs Elsie May Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Walkersville — County: Frederick

Date of death 1907: Month: July — Day: 3 — Years: Age 20 — Months: 2 — Days: 28

Sex: Female — Color or Race: white — Birthplace: Howard Co

Occupation: Housekeeping — Where Residing if not at place of death: Walkersville

Married, Single or Widowed: married — Name of Wife or Husband: Mrs Erwin E. Smith.

Father's Name: William Miles. — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Sallie Miles — Mother's Birthplace: Montgomery Co

Name of person giving information: Rosalie Miles — How releted to deceased: Sister

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Do not know

Immediate: Exhaustion. — How long: Gradual.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. B Johnson M.D.

Address: Emmer Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Stewart L. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month: July — Day: 17 — 1907

Age: Years: 23 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Oklahoma

Occupation: Real Estate Dlr — Where Residing if not at place of death: Oklahoma

Married, Single or Widowed: Single — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alostan L. Smith — Father's Birthplace: Md

Mother's Maiden Name: Mollie F. Crist — Mother's Birthplace: Md

Name of person giving information: Alostan L Smith — How related to deceased: Father

CAUSES OF DEATH

172

PHYSICIAN OR CORONER

Primary: Accidental Drowning — How long: Immediate

Immediate: Exposure — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ira J. McCurdy M.D.

Address: Frederick

Accident [illegible]?

LIBRARY BUREAU A88618

Name in Full: Frances Marguerite Summers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Jefferson; County: Frederick

Date of death: Month: July; Day: 23; 19 07

Age: Years: 0; Months: 8; Days: 13

Sex: Female

Color or Race: White

Birthplace: Jefferson

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Chas E. Summers

Father's Birthplace: Braddock

Mother's Maiden Name: Willie A. Aland

Mother's Birthplace: Lickaville

Name of person giving information: Chas. E. Summers

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough.

How long: about 4 weeks.

Immediate: Cerebral Meningitis.

How long: about 3 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Harry T. Getzendanner

Address: 303 S. Market St. Frederick Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Jennine Walker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burkittsville; County: Frederick

Date of death: 1907; Month: July; Day: 17

Age: Years: 1; Months: 5; Days: 3

Sex: Female; Color or Race: Colored; Birthplace: Burkittsville

Occupation: grandchild; Where Residing if not at place of death: Burkittsville

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Lewis Walker; Father's Birthplace: Fred. Co.

Mother's Maiden Name: Julia P. Hicks; Mother's Birthplace:

Name of person giving information: Edmond Hicks; How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 5 days

Immediate: Asphyxia; How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Yourtee

Address: Burkittsville md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Alphonso Whiten

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Buckeystown — County: Frederick

Date of death: 1907 — Month: 7 — Day: 16 — Age: Years 2 — Months 5 — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: Black — Birthplace: Ft Co Md

Occupation: — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Whiten — Father's Birthplace: Md

Mother's Maiden Name: Diana Diggs — Mother's Birthplace: "

Name of person giving information: Wm Whiten — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

71

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: None in Attendance

Address:

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Mrs Angelina Wiles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: "

Date of death 1907: Month 7; Day 27

Age: Years 77; Months —; Days —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Retired Housewife; Where Residing if not at place of death: ×

Married, Single or Widowed; Name of ~~Wife or~~ Husband: Jacob Wiles

Father's Name: Philip Hauer; Father's Birthplace: Md

Mother's Maiden Name: Catharine Hahn; Mother's Birthplace: Md

Name of person giving information: Charles Wiles; How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

108

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gall Stone Colic; How long: 3 days

Immediate: Intussusception of Bowel; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. F. Goodall M.D.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A3861G

Name In Full: Mildred E. Hilbide

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: 1907 July 8th

Age: Years 33; Months 3; Days 3

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: Mason

Where Residing if not at place of death: Mathilda Hilbide

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name: John Hilbide

Father's Birthplace: Md.

Mother's Maiden Name: Cora Harbaugh

Mother's Birthplace: Md.

Name of person giving information: Mrs Hilbide

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: 5 mos

Immediate: Cardiac Paralysis — How long: immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank Hedges

Address: Frederick

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: Miranda S. Willier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sabillasville; County: Frederick

Date of death: Month: July; Day: 6; 1907

Age: Years: 69; Months: 7; Days:

Sex: female

Color or Race: white

Birthplace: Frederick

Occupation: Housewife

Where Residing if not at place of death: Home

Married, Single or Widowed: widowed

Name of Wife or Husband: Lewis Willier

Father's Name: Solomon Harbaugh

Father's Birthplace:

Mother's Maiden Name: Lydia Hetrone

Mother's Birthplace:

Name of person giving Information: Charles A. Willier

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

104

CAUSES OF DEATH

Primary: Acute Gastritis — How long: 5 Weeks

Immediate: Debility from Mal nutrition — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. L. Wachter

Address: Sabillasville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Isadon J. Wright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Liberty Town — County: Frederick

Date of death: 1907 — Month: July — Day: 5th — Years: 26 — Months: 10 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Frederick Co

Occupation: Book Keeper — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John H. Wright — Father's Birthplace: Frederick Co

Mother's Maiden Name: Loretta Kaufoodle — Mother's Birthplace: Carroll Co

Name of person giving In formation: Florella Wright — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Acute Phthisis — How long: 2 yrs

Immediate: Ex Laustion — How long: 1 mo

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dig B. Stone

Address: Liberty Town Md.

Accident or Suicide?

LIBRARY BUREAU A88218

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Adamstown — County: Frederick

Date of death: 1907 — Month: July — Day: 4th — Age: Years: about 35 — Months: — Days:

Sex: Male — Color or Race: white — Birthplace:

Occupation: tramp — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH — 166

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Killed by train (mutilated) — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. G. Thomas

Address: Adamstown Md

R R Dag Coroner

Accident or Suicide? Accident

LIBRARY BUREAU

C C Canby Funeral Dem
Intern Monterey Hospital
7/14, 07